CAND 435				TRANSCRIPT ORDER use one form per court reporter. Please read instructions on next page. <u>CJA Counsel should NOT use this form.</u> unsel should request transcripts by submitting a AUTH24 in eVoucher.									COURT USE ONLY DUE DATE:				
1a. CONTACT PERSON FOR THIS ORDER Cenêt B. Hogan 2a. CONTACT PHONE (404) 572-342											L ADDRESS)kslaw.com						
1b. ATTORNEY NAME (if different) Geoffrey M. Drake 2b. ATTORNEY PHON (404) 572-475												MAIL ADDRESS OKSIAW.com					
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) King & Spalding LLP 1180 Peachtree Street, NE, Suite 1600 Atlanta, GA 30309-3521						5. CASE NAME In re Social Media Adolescent Addiction							6. CASE NUMBER 4:22-md-3047				
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR Raynee Mercado							8. THIS TRANSCRIPT ORDER IS FOR: APPEAL										
9. TRANSCRIP	T(S) REQUESTED (Specify portion	on(s) and date(s) of proce	eeding(s) for v	which tra	anscript i	is requested	d), format(s)	& quantity ar	nd delivery	type:						
a HEARING(S) (OR PORTIONS OF HEARINGS)						FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hea specify portion (e.g. witness or	ring, (emai time)	. —	XT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
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				0		0	0	0	0	0	0	0	0	0	0	0	
10. ADDITIONA	AL COMMENTS, IN	STRUCTIONS	, QUESTIONS, ETC:														
Please em	nail invoice and	d transcrip	ot to Genêt Hogan a	at ghogan	@kslav	w.com	. Thank	you.									
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE					
11. SIGNATUR	1. SIGNATURE /s/ Geoffrey M. Drake												12/03/2024				

Clear Form